

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Allstate Insurance Company PAC

ADDRESS (number and street)

2775 Sanders Road Suite A5

☐Check if different  
than previously  
reported. (ACC)

Northbrook

IL

60062

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00040253

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven C. Verney

Signature of Treasurer

Electronically Filed by Steven C. Verney

Date

03

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		23048.81
(b) Cash on Hand at Beginning of Reporting Period .....	51788.73	
(c) Total Receipts (from Line 19) .....	27890.55	70653.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	79679.28	93702.41
7. Total Disbursements (from Line 31) .....	-4729.66	9293.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	84408.94	84408.94
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Allstate Insurance Company PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10561.33	15136.65
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	17328.98	55516.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27890.31	70653.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	27890.31	70653.09
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.24	0.51
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	27890.55	70653.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	27890.55	70653.60

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	130.34	278.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	130.34	278.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	-4860.00	-985.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	-4729.66	9293.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-4729.66	9293.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	27890.31	70653.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27890.31	70653.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	130.34	278.47
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	130.34	278.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656519

Amount of Each Receipt this Period

70.78

**B.**

Full Name (Last, First, Middle Initial)

JOHN P BADER

Mailing Address 438 MITCHELL DRIVE

City

GRAYS LAKE

State

IL

Zip Code

60030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Enterprise Infrastruct

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656955

Amount of Each Receipt this Period

70.78

**C.**

Full Name (Last, First, Middle Initial)

DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Allstate Financial -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656936

Amount of Each Receipt this Period

51.79

**SUBTOTAL** of Receipts This Page (optional) .....

193.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DARRYL L BALTIMORE

Mailing Address 259 MAY AVENUE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Allstate Financial -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657370

Amount of Each Receipt this Period

51.79

**B.**

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656917

Amount of Each Receipt this Period

68.44

**C.**

Full Name (Last, First, Middle Initial)

ROBERT H BARGE III, III

Mailing Address 2222 LOCH WAY

City

EL DORADO HILLS

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657351

Amount of Each Receipt this Period

68.44

**SUBTOTAL** of Receipts This Page (optional) .....

188.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656834

Amount of Each Receipt this Period

61.41

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L BLOCK

Mailing Address 398 Brookmont Lane

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Investor R

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657268

Amount of Each Receipt this Period

61.41

**C.**

Full Name (Last, First, Middle Initial)

CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City

ELK GROVE VLLGE

State

IL

Zip Code

60007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Sales Agen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656640

Amount of Each Receipt this Period

50.30

**SUBTOTAL** of Receipts This Page (optional) .....

173.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

CHARLES A BOLLINGER

Mailing Address 509 GATES HEAD SOUTH

City

ELK GROVE VLLGE

State

IL

Zip Code

60007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Sales Agen

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.50

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657076

Amount of Each Receipt this Period

50.30

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.08

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656585

Amount of Each Receipt this Period

75.77

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL B BOYLE

Mailing Address 1063 CHERRY STREET

City

WINNETKA

State

IL

Zip Code

60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Info Techn

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.85

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657021

Amount of Each Receipt this Period

75.77

**SUBTOTAL** of Receipts This Page (optional) .....

201.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
SHAWN L BROADFIELD

Mailing Address 1044 APPLE BLOSSOM COURT

City State Zip Code  
LAKE ZURICH IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657132

Amount of Each Receipt this Period

41.75

**B.**

Full Name (Last, First, Middle Initial)  
CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656605

Amount of Each Receipt this Period

183.46

**C.**

Full Name (Last, First, Middle Initial)  
CATHERINE S BRUNE

Mailing Address 190 SAVANNA CT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
SVP & Chief Information O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

917.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657041

Amount of Each Receipt this Period

183.46

**SUBTOTAL** of Receipts This Page (optional) .....

408.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN C BRUSE

Mailing Address 1201 N. Nash Street #303

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656895

Amount of Each Receipt this Period

72.71

**B.**

Full Name (Last, First, Middle Initial)

JOHN C BRUSE

Mailing Address 1201 N. Nash Street #303

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Ast Gene

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657329

Amount of Each Receipt this Period

72.71

**C.**

Full Name (Last, First, Middle Initial)

KAREN E BURCKHARDT

Mailing Address 730 E. HAWTHORNE

City

ARLINGTON HTS

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657267

Amount of Each Receipt this Period

42.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY E BURKE

Mailing Address 601 North Pines Trail

City

Parker

State

CO

Zip Code

80138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Regional Sales Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657374

Amount of Each Receipt this Period

40.80

**B.**

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656509

Amount of Each Receipt this Period

89.71

**C.**

Full Name (Last, First, Middle Initial)

CECILE A BUTLER

Mailing Address 9309 ELIZABETH LANE

City

SPRING GROVE

State

IL

Zip Code

60081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP & Tax Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656945

Amount of Each Receipt this Period

89.71

**SUBTOTAL** of Receipts This Page (optional) .....

220.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL C BUTLER III, III

Mailing Address 15430 WHITE COLUMNS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656604

Amount of Each Receipt this Period

54.84

**B.**

Full Name (Last, First, Middle Initial)

DANIEL C BUTLER III, III

Mailing Address 15430 WHITE COLUMNS DRIVE

City

ALPHARETTA

State

GA

Zip Code

30004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657040

Amount of Each Receipt this Period

54.84

**C.**

Full Name (Last, First, Middle Initial)

ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656828

Amount of Each Receipt this Period

78.35

**SUBTOTAL** of Receipts This Page (optional) .....

188.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ALICE M BYRNE

Mailing Address 4121 109TH STREET

City

PLEASANT PRAIRI

State

WI

Zip Code

53158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657262

Amount of Each Receipt this Period

78.35

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH K CAMPBELL

Mailing Address 21863 NORTH TALL OAKS COURT

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656812

Amount of Each Receipt this Period

62.52

**C.**

Full Name (Last, First, Middle Initial)

EDWARD T COLLINS

Mailing Address 809 DUNHILL COURT

City

GURNEE

State

IL

Zip Code

60031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657118

Amount of Each Receipt this Period

42.35

**SUBTOTAL** of Receipts This Page (optional) .....

183.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RONALD L CORBIN

Mailing Address 14 Torrey Pines Way

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656856

Amount of Each Receipt this Period

67.52

**B.**

Full Name (Last, First, Middle Initial)

RONALD L CORBIN

Mailing Address 14 Torrey Pines Way

City

BRENTWOOD

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657290

Amount of Each Receipt this Period

67.52

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656642

Amount of Each Receipt this Period

73.84

**SUBTOTAL** of Receipts This Page (optional) .....

208.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM G CRIMMINS

Mailing Address 218 S KASPAR

City

ARLINGTON HGTS.

State

IL

Zip Code

60005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657078

Amount of Each Receipt this Period

73.84

**B.**

Full Name (Last, First, Middle Initial)

FREDERICK F CRIPE

Mailing Address 277 N. BILTMORE DRIVE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Executive Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656636

Amount of Each Receipt this Period

85.62

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK F CRIPE

Mailing Address 277 N. BILTMORE DRIVE

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Executive Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657072

Amount of Each Receipt this Period

85.62

**SUBTOTAL** of Receipts This Page (optional) .....

245.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR, jr

Mailing Address 905 Chalet Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.48

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656567

Amount of Each Receipt this Period

69.12

**B.**

Full Name (Last, First, Middle Initial)

RICHARD C CRIST JR, jr

Mailing Address 905 Chalet Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.60

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657003

Amount of Each Receipt this Period

69.12

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM DALY

Mailing Address 22425 N LINDEN DR.

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.80

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656990

Amount of Each Receipt this Period

42.56

**SUBTOTAL** of Receipts This Page (optional) .....

180.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656798

Amount of Each Receipt this Period

54.05

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY F DEIGL

Mailing Address 453 PRAIRIE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Ops

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657233

Amount of Each Receipt this Period

54.05

**C.**

Full Name (Last, First, Middle Initial)

SARAH R DONAHUE

Mailing Address 4147 RFD

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656772

Amount of Each Receipt this Period

57.35

**SUBTOTAL** of Receipts This Page (optional) .....

165.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
SARAH R DONAHUE

Mailing Address 4147 RFD

City State Zip Code  
LONG GROVE IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP-Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657207

Amount of Each Receipt this Period

57.35

**B.**

Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Marketing Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656539

Amount of Each Receipt this Period

60.90

**C.**

Full Name (Last, First, Middle Initial)  
PHILIP L EMMANUELE

Mailing Address 1085 FOREST HILL RD.

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Marketing Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656975

Amount of Each Receipt this Period

60.90

**SUBTOTAL** of Receipts This Page (optional) .....

179.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656522

Amount of Each Receipt this Period

52.69

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL L ESCOBAR

Mailing Address 660 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance Innovation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656958

Amount of Each Receipt this Period

52.69

**C.**

Full Name (Last, First, Middle Initial)

THOMAS W EVANS

Mailing Address 1224 BARCLAY CIRCLE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656988

Amount of Each Receipt this Period

42.94

**SUBTOTAL** of Receipts This Page (optional) .....

148.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
GORDON S FALKNOR

Mailing Address 703 E CHERRY LN

City State Zip Code  
ARLINGTON HTS IL 60004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657137

Amount of Each Receipt this Period

48.06

**B.**

Full Name (Last, First, Middle Initial)  
PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656573

Amount of Each Receipt this Period

60.98

**C.**

Full Name (Last, First, Middle Initial)  
PATRICK C GALLERY

Mailing Address 2321 WEST STEEPLECHASE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President & Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657009

Amount of Each Receipt this Period

60.98

**SUBTOTAL** of Receipts This Page (optional) .....

170.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Investment Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656631

Amount of Each Receipt this Period

53.36

**B.**

Full Name (Last, First, Middle Initial)

JUDITH P GREFFIN

Mailing Address 338 North Kenilworth

City

OAK PARK

State

IL

Zip Code

60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP & Chief Investment Of

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657067

Amount of Each Receipt this Period

53.36

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER M HAGER

Mailing Address 2312 HARTREY AVENUE

City

EVANSTON

State

IL

Zip Code

60201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2647452

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional) .....

331.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES W HAIDU

Mailing Address 3 South Wynstone

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Insurance Reserve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656760

Amount of Each Receipt this Period

55.36

**B.**

Full Name (Last, First, Middle Initial)

JAMES W HAIDU

Mailing Address 3 South Wynstone

City

N. BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Insurance Reserve

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657195

Amount of Each Receipt this Period

55.36

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656623

Amount of Each Receipt this Period

67.30

**SUBTOTAL** of Receipts This Page (optional) .....

178.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DANIEL J HEBEL

Mailing Address 29030 N Spoon Court

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657059

Amount of Each Receipt this Period

67.30

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656592

Amount of Each Receipt this Period

96.87

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM G HILL

Mailing Address 2935 GLENARYE DRIVE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Agency Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657028

Amount of Each Receipt this Period

96.87

**SUBTOTAL** of Receipts This Page (optional) .....

261.04

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
LINDA M HONOUR

Mailing Address 1066 Griffith Rd.

City State Zip Code  
Lake Forest IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP Investment Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657365

Amount of Each Receipt this Period

45.23

**B.**

Full Name (Last, First, Middle Initial)  
STEPHEN L IHM

Mailing Address 21558 W GOLDFINCH CT

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.85

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657170

Amount of Each Receipt this Period

46.57

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City State Zip Code  
CRYSTAL LAKE IL 60014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656669

Amount of Each Receipt this Period

79.49

**SUBTOTAL** of Receipts This Page (optional) .....

171.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A JACKOWSKI

Mailing Address 3602 FRANKLIN CT.

City

CRYSTAL LAKE

State

IL

Zip Code

60014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.45

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657105

Amount of Each Receipt this Period

79.49

**B.**

Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656730

Amount of Each Receipt this Period

82.25

**C.**

Full Name (Last, First, Middle Initial)

TERRY KELAHER

Mailing Address 924 W. CHESTERFIELD CT.

City

PALATINE

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & General

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.25

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657165

Amount of Each Receipt this Period

82.25

**SUBTOTAL** of Receipts This Page (optional) .....

243.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER R KIAH

Mailing Address 1430 ROLLING LINKS DRIVE

City State Zip Code  
ALPHARETTA GA 30004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656947

Amount of Each Receipt this Period

49.33

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL A LA MONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656720

Amount of Each Receipt this Period

68.64

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL A LA MONICA

Mailing Address 20580 HIGH RIDGE DR.

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Product

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657155

Amount of Each Receipt this Period

68.64

**SUBTOTAL** of Receipts This Page (optional) .....

186.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY LASKA

Mailing Address 2707 SKYLINE DRIVE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656967

Amount of Each Receipt this Period

46.51

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656885

Amount of Each Receipt this Period

75.96

**C.**

Full Name (Last, First, Middle Initial)

PHILLIP E LAWSON

Mailing Address 1190 Palmer AVENUE

City

WINTER PARK

State

FL

Zip Code

32789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657319

Amount of Each Receipt this Period

75.96

**SUBTOTAL** of Receipts This Page (optional) .....

198.43

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656926

Amount of Each Receipt this Period

60.79

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE LEE

Mailing Address 1404 100TH AVENUE NE

City

BELLEVUE

State

WA

Zip Code

98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657360

Amount of Each Receipt this Period

60.79

**C.**

Full Name (Last, First, Middle Initial)

FELIX A MANTILLA

Mailing Address 28601 N. Sky Crest Drive

City

Ivanhoe

State

IL

Zip Code

60060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657273

Amount of Each Receipt this Period

48.52

**SUBTOTAL** of Receipts This Page (optional) .....

170.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: A2009-2656759

Amount of Each Receipt this Period

77.72

**B.**

Full Name (Last, First, Middle Initial)

MARY J MC GINN

Mailing Address 155 BUCKLEY ROAD

City

BARRINGTON HILL

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: A2009-2657194

Amount of Each Receipt this Period

77.72

**C.**

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President &amp; Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: A2009-2656800

Amount of Each Receipt this Period

58.84

SUBTOTAL of Receipts This Page (optional) .....

214.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID G NADIG

Mailing Address 2950 LAKE PLACID

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Deputy G

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657235

Amount of Each Receipt this Period

53.26

**B.**

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656657

Amount of Each Receipt this Period

113.70

**C.**

Full Name (Last, First, Middle Initial)

DANIEL C NECASTRO

Mailing Address 22622 N. LINDEN DR

City

LAKE BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657093

Amount of Each Receipt this Period

113.70

**SUBTOTAL** of Receipts This Page (optional) .....

280.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656870

Amount of Each Receipt this Period

52.81

**B.**

Full Name (Last, First, Middle Initial)

PATRICK K NOLL

Mailing Address 22451 THORNBURY CT

City

DEER PARK

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Human Reso

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657304

Amount of Each Receipt this Period

52.81

**C.**

Full Name (Last, First, Middle Initial)

Patrick M O'Brien

Mailing Address 976 Hampton Park

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656942

Amount of Each Receipt this Period

63.46

**SUBTOTAL** of Receipts This Page (optional) .....

169.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Patrick M O'Brien

Mailing Address 976 Hampton Park

City

Barrington

State

IL

Zip Code

60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP - Emerging Business

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657376

Amount of Each Receipt this Period

63.46

**B.**

Full Name (Last, First, Middle Initial)

JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656860

Amount of Each Receipt this Period

67.20

**C.**

Full Name (Last, First, Middle Initial)

JAMES L OSBORNE

Mailing Address 1224 ST. WILLIAM

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President PCCSO Fiel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657294

Amount of Each Receipt this Period

67.20

**SUBTOTAL** of Receipts This Page (optional) .....

197.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
PAMELA J OVERTON

Mailing Address 23475 W. Newhaven Dr.

City State Zip Code  
Hawthorn Woods IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP PCCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657056

Amount of Each Receipt this Period

41.33

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656767

Amount of Each Receipt this Period

53.82

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT L PARK

Mailing Address 1107 BONITA DRIVE

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Public Relations Mana

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657202

Amount of Each Receipt this Period

53.82

**SUBTOTAL** of Receipts This Page (optional) .....

148.97

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ROGER D PARKER

Mailing Address 1305 N MAIDSTONE

City

VERNON HILLS

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.45

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657353

Amount of Each Receipt this Period

49.69

**B.**

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.60

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656568

Amount of Each Receipt this Period

74.40

**C.**

Full Name (Last, First, Middle Initial)

CHARLES PAUL

Mailing Address 301 CAMELOT LANE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

372.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657004

Amount of Each Receipt this Period

74.40

**SUBTOTAL** of Receipts This Page (optional) .....

198.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 36 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
FLORIE S PERELLIS

Mailing Address 1480 MINTHAVEN RD

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656972

Amount of Each Receipt this Period

49.56

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656535

Amount of Each Receipt this Period

50.31

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN A PETTI

Mailing Address 580 SALCEDA DR

City State Zip Code  
MUNDELEIN IL 60060

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Property & Casualty F

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656971

Amount of Each Receipt this Period

50.31

**SUBTOTAL** of Receipts This Page (optional) .....

150.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Finance -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.80

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656656

Amount of Each Receipt this Period

69.45

**B.**

Full Name (Last, First, Middle Initial)

JOHN C PINTOZZI

Mailing Address 2116 W CHURCHILL ST

City

CHICAGO

State

IL

Zip Code

60647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Finance -

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.25

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657092

Amount of Each Receipt this Period

69.45

**C.**

Full Name (Last, First, Middle Initial)

Mark D Pitchford

Mailing Address 653 Hinman Ave

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Direct Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.48

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656937

Amount of Each Receipt this Period

64.62

**SUBTOTAL** of Receipts This Page (optional) .....

203.52

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Mark D Pitchford

Mailing Address 653 Hinman Ave

City

Evanston

State

IL

Zip Code

60202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Direct Distribution

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657371

Amount of Each Receipt this Period

64.62

**B.**

Full Name (Last, First, Middle Initial)

DAVID J PRENDERGAST

Mailing Address 2816 HAVEN LANE

City

LINDENHURST

State

IL

Zip Code

60046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656964

Amount of Each Receipt this Period

46.15

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656628

Amount of Each Receipt this Period

58.13

**SUBTOTAL** of Receipts This Page (optional) .....

168.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH P RATH

Mailing Address 359 STAFFORD COURT

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Ast General Counsel &

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657064

Amount of Each Receipt this Period

58.13

**B.**

Full Name (Last, First, Middle Initial)

JOHN B REARDON

Mailing Address 441 KELLY LANE

City

CRYSTAL LAKE

State

IL

Zip Code

60012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Claim Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656951

Amount of Each Receipt this Period

43.60

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-Protection Distributi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656571

Amount of Each Receipt this Period

77.41

**SUBTOTAL** of Receipts This Page (optional) .....

179.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH J RICHARDSON

Mailing Address 4968 Astor Court

City

Long Grove

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-Protection Distributi

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657007

Amount of Each Receipt this Period

77.41

**B.**

Full Name (Last, First, Middle Initial)

DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656864

Amount of Each Receipt this Period

85.96

**C.**

Full Name (Last, First, Middle Initial)

DANIEL J RIVERA

Mailing Address 1632 OLD BARN CIRCLE

City

LIBERTYVILLE

State

IL

Zip Code

60048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657298

Amount of Each Receipt this Period

85.96

**SUBTOTAL** of Receipts This Page (optional) .....

249.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

MARIO RIZZO

Mailing Address 5926 W. 90TH PLACE

City

OAK LAWN

State

IL

Zip Code

60453

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Finance and Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657153

Amount of Each Receipt this Period

44.55

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656731

Amount of Each Receipt this Period

97.68

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL J ROCHE

Mailing Address 270 KINGSWAY DRIVE

City

AURORA

State

IL

Zip Code

60506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-P-CCSO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657166

Amount of Each Receipt this Period

97.68

**SUBTOTAL** of Receipts This Page (optional) .....

239.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code  
LINCOLNSHIRE IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
President Property & Casu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656784

Amount of Each Receipt this Period

144.23

**B.**

Full Name (Last, First, Middle Initial)  
GEORGE E RUEBENSON

Mailing Address 29 FOX TR

City State Zip Code  
LINCOLNSHIRE IL 60069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
President Property & Casu

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657219

Amount of Each Receipt this Period

144.23

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City State Zip Code  
HAWTHORN WOODS IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656562

Amount of Each Receipt this Period

52.89

**SUBTOTAL** of Receipts This Page (optional) .....

341.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN E SCHOLL

Mailing Address 7 COPPERFIELD DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP HR Shared Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656998

Amount of Each Receipt this Period

52.89

**B.**

Full Name (Last, First, Middle Initial)

DAVID J SCHWARTZER

Mailing Address 128 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.40

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657270

Amount of Each Receipt this Period

47.08

**C.**

Full Name (Last, First, Middle Initial)

STACY Y SHARPE

Mailing Address 2 E. Erie #1506

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657193

Amount of Each Receipt this Period

40.38

**SUBTOTAL** of Receipts This Page (optional) .....

140.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Property/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.56

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656725

Amount of Each Receipt this Period

81.89

**B.**

Full Name (Last, First, Middle Initial)

STEVEN E SHEBIK

Mailing Address 517 ROBINWOOD LANE

City

WHEATON

State

IL

Zip Code

60189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Property/C

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.45

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657160

Amount of Each Receipt this Period

81.89

**C.**

Full Name (Last, First, Middle Initial)

KEVIN R SLAWIN

Mailing Address 1316 CRESTWOOD DRIVE

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657204

Amount of Each Receipt this Period

41.00

**SUBTOTAL** of Receipts This Page (optional) .....

204.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656727

Amount of Each Receipt this Period

61.11

**B.**

Full Name (Last, First, Middle Initial)

J E SMITH

Mailing Address 310 WHITMORE LANE

City

LAKE FOREST

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP and President Broker D

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657162

Amount of Each Receipt this Period

61.11

**C.**

Full Name (Last, First, Middle Initial)

STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Senior Vice President Pro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656826

Amount of Each Receipt this Period

78.17

**SUBTOTAL** of Receipts This Page (optional) .....

200.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
STEVEN P SORENSON

Mailing Address 20712 High Ridge Dr

City State Zip Code  
KILDEER IL 60047

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Senior Vice President Pro

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.85

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657260

Amount of Each Receipt this Period

78.17

**B.**

Full Name (Last, First, Middle Initial)  
MARY SPRINGBERG

Mailing Address 4745 KINGS WAY - NORTH

City State Zip Code  
GURNEE IL 60031

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Technology Shared Ser

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.85

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657069

Amount of Each Receipt this Period

44.37

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City State Zip Code  
ELMHURST IL 60126

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
Vice President Auditing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656659

Amount of Each Receipt this Period

55.75

**SUBTOTAL** of Receipts This Page (optional) .....

178.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN A SWAIN

Mailing Address 242 HIGHVIEW

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Auditing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657095

Amount of Each Receipt this Period

55.75

**B.**

Full Name (Last, First, Middle Initial)

LOREE E TOEDMAN

Mailing Address 21949 HICKORY HILL DR.

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Encompass Field Distr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657330

Amount of Each Receipt this Period

40.75

**C.**

Full Name (Last, First, Middle Initial)

MELINDA S TUNNER

Mailing Address 5430 TALL OAKS DRIVE

City

LONG GROVE

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP Agency Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657287

Amount of Each Receipt this Period

47.07

**SUBTOTAL** of Receipts This Page (optional) .....

143.57

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656722

Amount of Each Receipt this Period

53.99

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A VAINISI

Mailing Address 636 BALMORAL LANE

City

INVERNESS

State

IL

Zip Code

60067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Assistan

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657157

Amount of Each Receipt this Period

53.99

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656889

Amount of Each Receipt this Period

200.52

**SUBTOTAL** of Receipts This Page (optional) .....

308.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA C VANLAMMEREN

Mailing Address 2800 Birchwood Avenue

City

Wilmette

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657323

Amount of Each Receipt this Period

200.52

**B.**

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656547

Amount of Each Receipt this Period

70.12

**C.**

Full Name (Last, First, Middle Initial)

STEVEN C VERNEY

Mailing Address 37144 FOX HILL DR

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President & Treasure

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2656983

Amount of Each Receipt this Period

70.12

**SUBTOTAL** of Receipts This Page (optional) .....

340.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

JOAN H WALKER

Mailing Address 850 N. Riverwoods Road

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

SVP-Corporate Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: A2009-2657364

Amount of Each Receipt this Period

49.81

**B.**

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: A2009-2656610

Amount of Each Receipt this Period

63.46

**C.**

Full Name (Last, First, Middle Initial)

ANTON WANDERON

Mailing Address 112 BRISTOL PLACE

City

PONTE VEDRA

State

FL

Zip Code

32082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

General Vice President Em

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Transaction ID: A2009-2657046

Amount of Each Receipt this Period

63.46

SUBTOTAL of Receipts This Page (optional) .....

176.73

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

ANISE D WILEY-LITTLE

Mailing Address 21030 W YORKSHIRE DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Chief Diversity Officer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

238.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657331

Amount of Each Receipt this Period

47.65

**B.**

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

978.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656821

Amount of Each Receipt this Period

244.62

**C.**

Full Name (Last, First, Middle Initial)

THOMAS J WILSON

Mailing Address 2024 N. MOHAWK

City

CHICAGO

State

IL

Zip Code

60614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

CEO

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1223.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657255

Amount of Each Receipt this Period

244.62

SUBTOTAL of Receipts This Page (optional) .....

536.89

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Knowledge Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.54

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656746

Amount of Each Receipt this Period

57.87

**B.**

Full Name (Last, First, Middle Initial)

FLOYD M YAGER

Mailing Address 1610 BIRCH LANE

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP Knowledge Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.92

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657181

Amount of Each Receipt this Period

52.38

**C.**

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.84

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656754

Amount of Each Receipt this Period

52.46

**SUBTOTAL** of Receipts This Page (optional) .....

162.71

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

LORI J YELVINGTON

Mailing Address 1531 N HIGHLAND AVE

City

ARLINGTON HGTS.

State

IL

Zip Code

60004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

Vice President Procurement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.30

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657189

Amount of Each Receipt this Period

52.46

**B.**

Full Name (Last, First, Middle Initial)

RICHARD P YOCIUS

Mailing Address 40135 N GOLDENROD

City

WADSWORTH

State

IL

Zip Code

60083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

AVP-Product Pricing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.75

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657115

Amount of Each Receipt this Period

41.75

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allstate Insurance Company

Occupation

VP-Ivantage/Independent A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.92

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656929

Amount of Each Receipt this Period

106.98

**SUBTOTAL** of Receipts This Page (optional) .....

201.19

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 60

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)  
CYNTHIA H YOUNG

Mailing Address 1861 N. Sawgrass Street

City State Zip Code  
Vernon Hills IL 60061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
VP-Ivantage/Independent A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.90

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657363

Amount of Each Receipt this Period

106.98

**B.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.16

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: A2009-2656840

Amount of Each Receipt this Period

67.29

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD M ZAHARIAS

Mailing Address 1439 STEVENSON DRIVE

City State Zip Code  
LIBERTYVILLE IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allstate Insurance Company

Occupation  
AVP Allstate Life Service

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.45

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: A2009-2657274

Amount of Each Receipt this Period

67.29

**SUBTOTAL** of Receipts This Page (optional) .....

241.56

**TOTAL** This Period (last page this line number only) .....

10561.33

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 55 / 60

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

A.

Full Name (Last, First, Middle Initial)

Fifth Third Bank

Mailing Address 346 West Carol Lane

City  
Elmhurst

State  
IL

Zip Code  
60062

Purpose of Disbursement  
February 2009 bank charge.

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: IL

District:

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

Not Applicable

Transaction ID: B252170

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2009

Amount of Each Disbursement this Period

130.34

SUBTOTAL of Disbursements This Page (optional) .....

130.34

TOTAL This Period (last page this line number only) .....

130.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 56 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Seth Harp Campaign Cmte.	<b>Transaction ID:</b> B173658 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 363	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Midland State GA Zip Code 31820	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement P-2008 State Senate 29 GA	<table border="1"> <tr> <td>-500.00</td> </tr> </table>	-500.00																			
-500.00																					
Candidate Name Seth Harp	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Voiced: Original check dated 06/08/2007																				
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Carter for Attorney General	<b>Transaction ID:</b> B172957 <b>Date of Disbursement</b>																				
Mailing Address 47 South Meridian Street #200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Indianapolis State IN Zip Code 46204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement P-2008 State Att. General IN	<table border="1"> <tr> <td>-1500.00</td> </tr> </table>	-1500.00																			
-1500.00																					
Candidate Name Steve Carter	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Voiced: Original check dated 05/24/2007																				
<b>C.</b> Full Name (Last, First, Middle Initial) Gil Pinac Campaign Fund	<b>Transaction ID:</b> B181188 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 495	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	7		2	0	0	9												
City Crowley State LA Zip Code 70527	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement P-2007 State Senate 25 LA	<table border="1"> <tr> <td>-500.00</td> </tr> </table>	-500.00																			
-500.00																					
Candidate Name Gil J Pinac	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Voiced: Original check dated 07/25/2007																				

**SUBTOTAL** of Disbursements This Page (optional) .....**-2500.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 57 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Campaign to Elect Scott Sales

Mailing Address 5200 Bostwick Road

City  
Bozeman

State  
MT

Zip Code  
59715

Purpose of Disbursement  
G-2008 State House 68 MT

Candidate Name  
Scott Sales

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B239937

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

-160.00

Voided: Original check dated 10/23/2008

**B.**

Full Name (Last, First, Middle Initial)

Duane L. DeKrey for House

Mailing Address 4323 27th Street SE

City  
Pettibone

State  
ND

Zip Code  
58475

Purpose of Disbursement  
P-2008 State House 14 ND

Candidate Name  
Duane DeKrey

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B196144

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

-200.00

Voided: Original check dated 10/11/2007

**C.**

Full Name (Last, First, Middle Initial)

Citizens for Nicholas P. Hacker

Mailing Address 1620 Second Avenue North

City  
Grand Forks

State  
ND

Zip Code  
58203

Purpose of Disbursement  
P-2008 State Senate 42 ND

Candidate Name  
Nick Hacker

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: B196154

Date of Disbursement

02 / 17 / 2009

Amount of Each Disbursement this Period

-200.00

Voided: Original check dated 10/11/2007

**SUBTOTAL** of Disbursements This Page (optional) .....

-560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 58 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.** Full Name (Last, First, Middle Initial)  
Joel C. Heitkamp for State Senate

Mailing Address 9457 West Ridge Rd

City Hankinson State ND Zip Code 58041

Purpose of Disbursement  
P-2008 State Senate 26 ND

Candidate Name  
Joel Heitkamp

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B196155

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-200.00

Voided: Original check dated 10/11/2007

**B.** Full Name (Last, First, Middle Initial)  
Citizens for Robert J. Skarphol

Mailing Address PO Box 725

City Tioga State ND Zip Code 58852

Purpose of Disbursement  
P-2008 State House 02 ND

Candidate Name  
Bob Skarphol

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B196149

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-100.00

Voided: Original check dated 10/11/2007

**C.** Full Name (Last, First, Middle Initial)  
Ernie Chambers for Legislature

Mailing Address 3116 North 24th Street

City Omaha State NE Zip Code 68110

Purpose of Disbursement  
P-2008 State Senate 11 NE

Candidate Name  
Ernie Chambers

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** B195724

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-250.00

Voided: Original check dated 09/29/2007

**SUBTOTAL** of Disbursements This Page (optional) .....

-550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 / 60

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Allstate Insurance Company PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas J. Deadrick for State House

Mailing Address 36696 275th Street

City State Zip Code  
Platte SD 57369Purpose of Disbursement  
P-2008 State House 21 SDCandidate Name  
Thomas J DeadrickOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: B196163

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

-250.00

Voided: Original check da-  
ted 10/11/2007**B.**

Full Name (Last, First, Middle Initial)

Lois W. Kolkhorst Campaign

Mailing Address PO Box 2546

City State Zip Code  
Brenham TX 77834Purpose of Disbursement  
G-2008 State House 13 TXCandidate Name  
Lois KolkhorstOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: B205520

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	0	9

Amount of Each Disbursement this Period

-1000.00

Voided: Original check da-  
ted 12/05/2007

SUBTOTAL of Disbursements This Page (optional) .....

-1250.00

TOTAL This Period (last page this line number only) .....

-4860.00

Form/Schedule: **SA11AI**  
Transaction ID:

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.